

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

BEHAVIORAL HEALTH SUBCOMMITTEE

Meeting Minutes

June 27, 2013

Call to Order and Roll Call

The eighth meeting of the Behavioral Health Subcommittee was held on Thursday, June 27, 2013, at 1:30 p.m. in Conference Room 12A at the Office of the Kentucky Health Benefit Exchange. Julie Paxton, Chair, called the meeting to order at 1:35 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; David Hanna, Sheila Schuster, Steve Shannon, and Marcus Woodward. Gabriela Alcalde, Commissioner Betsy Dunnigan, Dr. Rich Edelson, Nancy Galvagni, Kelly Gunning, Kathy Lower, Jennifer Nolan, Susan Rittenhouse, and Jordan Wildermuth were not present at the meeting.

Staff Present: Lee Barnard, Miriam Fordham, Sherilyn Redmon, and D. J. Wasson (DOI).

Approval of Minutes

A motion was made to accept the minutes of the May 29, 2013, meeting as submitted, seconded, and approved by voice vote.

Update on Exchange Activities

Miriam Fordham, Division Director, Office of the Kentucky Health Benefit Exchange (KHBE) updated the subcommittee on Exchange activities. The Small Business Health Options Program (SHOP) administrative regulation was filed. The KHBE is currently finalizing work on the Agent/kynector and the Eligibility and Enrollment administrative regulations and is hoping to file these soon. The KHBE is waiting for some additional information from the federal government before finalizing the appeals regulations. The Navigator Request for Proposals (RFP) has been released and responses are due by July 3, 2013. The KHBE has begun a mobile tour as part of education and outreach activities. KHBE staff will be attending events all summer, with the assistance of our contractor, Doe-Anderson. The KHBE will be attending county fairs and festivals and staffing the state fair in August. Marcus Woodward has contacted the Exchange and recommended a couple of events for the Exchange to attend. The KHBE welcomes all recommendations from subcommittee members and will try to accommodate all requests. Media advertising has also begun, including radio advertising, TV ads in the Lexington and Louisville markets, and newspaper advertising in rural areas. Intensive testing of the information technology system testing has begun and will continue until the middle of July.

A question was raised as to whether catastrophic health plans offered on the exchange will include essential health benefits. D. J. Wasson, Department of Insurance (DOI) responded that the catastrophic plan has an actuarial value of approximately 60% but is not a bronze plan. The catastrophic plan is available for people 30 and under and has higher deductibles and lower premiums. The plans may also be available for those with a financial hardship. All of the qualified health plans will have behavioral health benefits.

Report of the Behavioral Health Workgroup

Sheila Schuster reported that the Behavioral Health Workgroup met earlier today. The workgroup revisited an action that had been taken during the last meeting regarding private insurers contracting with community mental health centers (CMHCs) as a mechanism to handle the issue of reimbursement for those professionals that are licensed and certified but working under supervision. While the insurers do have contracts with the CMHC's, the workgroup found that, upon further review, simply contracting with CMHCs may not solve the problem of reimbursement for professionals working under supervision. Reimbursement is still limited to those professionals that are functioning autonomously. The issue relates to national accreditation. In order to maintain national accreditation, an insurer cannot reimburse providers who work under supervision. Insurer credentialing has to include recognized providers.

The workgroup had previously recommended that the CMHCs be included as Essential Community Providers (ECP). The workgroup further recommended that every encouragement is made to private insurers to contract with the CMHCs in such a manner as to include the provision that behavioral health/substance abuse professionals, licensed or certified by Kentucky statute, are recognized and reimbursed, including those working under supervision. This would allow the inclusion of professionals that are recognized and reimbursed by Medicaid but have not been typically recognized by private insurers. Ms. Wasson commented that the current recommendation put forth by the working group was slightly different than the previous recommendation to include the CMHCs as essential community providers. Ms. Schuster noted that the subcommittee members hoped that by including the CMHCs as essential community providers, private insurers would then contract with the CMHCs in a similar contracting arrangement as the Medicaid managed care organizations have with the CMHCs. This would allow the behavioral health providers to be recognized by private insurers in the same way as the behavioral health providers are recognized by the Medicaid managed care organizations (MCO) such that the CMHC credentials those providers that are certified and licensed under statute but practice under supervision. The behavioral health professionals who work under supervision have a tie to and are defined by boards and recognized under statute and the issuers should be encouraged to work with the CMHCs in order to improve access to these behavioral health professionals. The workgroup put forth a recommendation to file a comment to administrative regulation 900 KAR 10:010 recommending that the community mental health centers be included as essential community providers. A motion was made to accept the recommendation, seconded, and approved by voice vote. The deadline to file comments to the regulation is July 1.

The workgroup also discussed inpatient detoxification for narcotics. The workgroup examined the benchmark plan and could not find a reference to detoxification. Ms. Wasson noted that the benchmark plan covers detoxification services for a three day stay. The subcommittee questioned as to whether this would meet the parity requirement because the three day limitation seemed like a short amount of time for detoxification. Ms. Wasson stated that she would have to look at the current plans to see what would be offered in the Exchange and could provide this information at the next subcommittee meeting.

Discussion of Medicaid Issues

Lisa Lee, Deputy Commissioner, Department for Medicaid Services (DMS), discussed the Medicaid expansion and substance abuse coverage. DMS is currently comparing the traditional Medicaid benefit package to the Essential Health Benefits in order to determine where to add services or benefits. Medicaid benefits must at least mirror the Essential Health Benefits. Currently, children under age 21 may access the Early Periodic Screening, Diagnosis, and

Treatment Program (EPSDT). Any deficiencies noted when comparing behavioral health essential health benefits with Medicaid coverage will also have to be added to the EPSDT program services. Medicaid will need to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) and get that approved before January 1, 2014.

A question was raised regarding the Michelle P. waiver and how the expansion might affect that waiver program. Ms. Lee stated that the Medicaid expansion does not have a great impact on the waiver programs. The expansion will cover individuals under 138% of the federal poverty level (FPL). The waivers have different eligibility requirements. The concern has been brought up that there are individuals who may be found to be eligible for Medicaid or waivers that were not previously aware of the availability of these programs. An RFP was released for additional MCOs to handle the expanded Medicaid population.

Inpatient detoxification is currently covered by Medicaid for pregnant women. Ms. Schuster asked if Medicaid made a distinction concerning the substance for which an individual is being detoxed. Ms. Lee said that she would research the question and provide further information to the subcommittee on this issue. Ms. Lee noted that Medicaid will cover substance abuse services on January 1, 2014, but the benefit has not been designed yet. There has been some discussion concerning the current substance abuse benefit for adolescents which is covered under the EPSDT program.

Ms. Lee also discussed the Kentucky Children's Health Insurance Program (KCHIP). The Medicaid program will probably pick up children through the Affordable Care Act but less than 10% of the children in Kentucky are uninsured. KCHIP outreach has been very successful. Subcommittee members recommended that KCHIP information should also be included in information provided to assisters. There are very few differences between KCHIP and Medicaid services. KCHIP children, who are at 150% of the federal poverty limit or above, do not receive nonemergency transportation or EPSDT special services. KCHIP covers children up to age 19, and EPSDT covers children up to age 21. Foster care children will be covered by the Medicaid program up to age 26. When the child ages out of Medicaid, he or she could be covered under the parents' insurance policy, enroll in the Medicaid program if found eligible, or enroll in a qualified health plan on the Exchange as an individual. Members asked if there were estimates of the number of individuals currently eligible but not enrolled in Medicaid. Ms. Lee noted that the estimate is included in a white paper on Medicaid expansion that is available on the DMS website. The individuals eligible under the traditional Medicaid eligibility rules will be at the 70-30 match rate. Ms. Lee will provide the Exchange with an overview of the Medicaid program, including waiver and children's programs, and information concerning current Medicaid coverage of narcotic detoxification and a comparison to other substance detoxification.

Workforce Capacity Study – Follow-up Issues

Ms. Fordham reported that workgroups have been formed within the Cabinet for Health and Family Services to follow up recommendations from the health care workforce capacity study.

Other Business

Ed Erway, a representative from UK Healthcare, stated that many providers have had difficulty with claims adjudication for the autism services benefit involving applied behavioral analysis (ABA). The Subcommittee recommended that the DOI be contacted directly regarding these issues. Members of the subcommittee noted that there are a number of questions regarding appropriate services, medically necessary treatment, educational versus medical services and reimbursement for those services. The subcommittee members noted that issues concerning claims adjudication for the

autism services benefit were outside of the scope of the subcommittee. Autism services are included in the Summary of Benefits and Coverage from the benchmark plan. Autism is a state mandated benefit and as such is included in the essential health benefits for Kentucky.

The next Behavioral Health Subcommittee meeting will be scheduled after the Advisory Board meeting in July.

Adjournment

The meeting adjourned at 2:55 p.m.